

October 2014

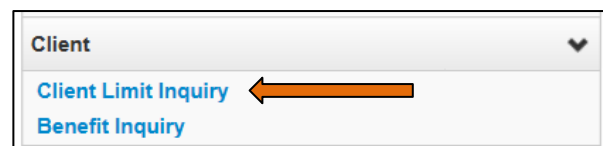
Client Benefit Limit Inquiry

The Agency may limit certain covered services by quantity, frequency, or duration. The Agency's payment system, ProviderOne, has been updated to allow providers to check the system to see if the client is eligible for the services that have these limitations. Providers can review their program specific Medicaid Provider Guides to see if the service to be provided has one of these limitations.

ProviderOne allows providers to check service limits using claim data stored in ProviderOne. This system functionality is limited to claims that have been paid by ProviderOne and does not account for claims that have been received but are still in process or have been denied. There is also the possibility that services have been incurred but have not been billed yet.

The process to check the service limit feature starts by logging into ProviderOne using one of the following profiles and choosing **Client Limit Inquiry**:

- EXT Provider Super User
- EXT Provider Claims Submitter
- EXT Provider Eligibility Checker
- EXT Provider Eligibility Checker-Claims Submitter

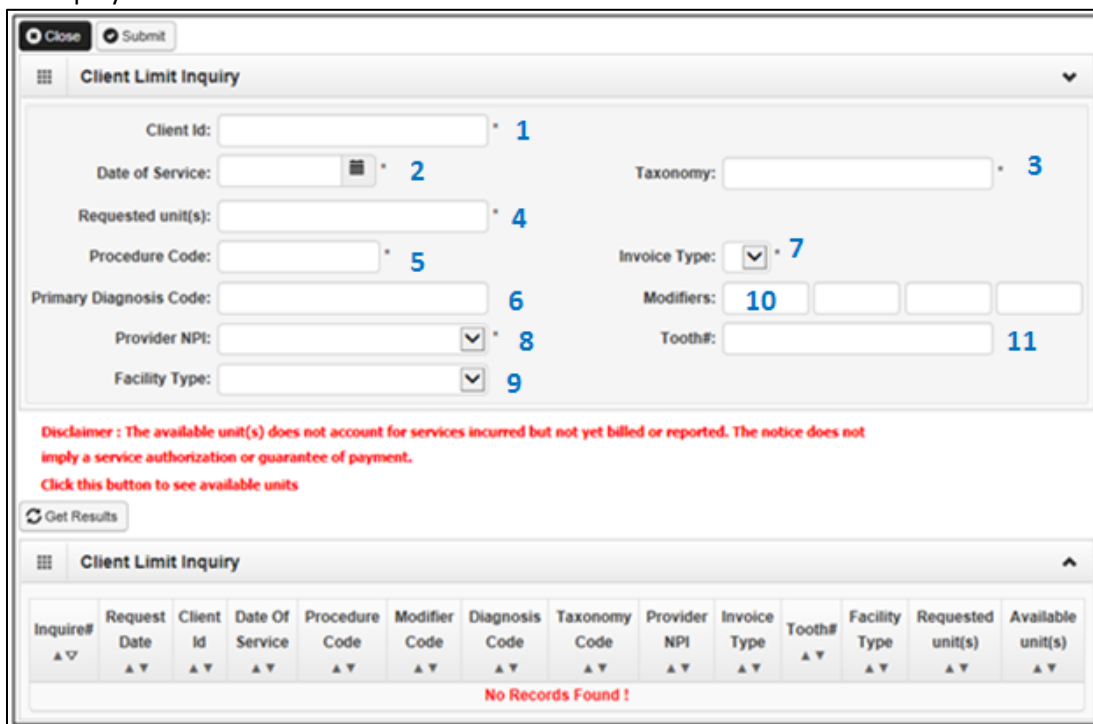


Client

Client Limit Inquiry

Benefit Inquiry

The system then displays the screen to enter the search criteria:



Client Limit Inquiry

Client ID: * 1

Date of Service: * 2

Requested unit(s): * 4

Procedure Code: * 5

Primary Diagnosis Code: 6

Provider NPI: * 8

Facility Type: * 9

Taxonomy: * 3

Invoice Type: * 7

Modifiers: 10

Tooth#: 11

Disclaimer : The available unit(s) does not account for services incurred but not yet billed or reported. The notice does not imply a service authorization or guarantee of payment.

Click this button to see available units

Get Results

Inquire#	Request Date	Client Id	Date Of Service	Procedure Code	Modifier Code	Diagnosis Code	Taxonomy Code	Provider NPI	Invoice Type	Tooth#	Facility Type	Requested unit(s)	Available unit(s)
No Records Found !													

1. Client ID number
2. Date of service (when you are planning a visit/service; future dates accepted)
3. Taxonomy code of the billing provider
4. Requested unit(s) (requires at least one or enter the amount to be supplied)
5. Procedure code
6. Primary diagnosis code (if required); enter without decimal point
7. Invoice type (claim form type)
 - D = Dental
 - P = Professional
 - I = Institutional
8. Provider NPI (prepopulated)
9. Facility type (place of service if procedure code requires)
10. Modifiers (if the service has a specific modifier)
11. Tooth number (if dental service requires a tooth)

Submitting the search criteria in ProviderOne is a two-step process:

1. Click the **Submit** button after completing the required data fields.
2. Click the **Get Results** button to display the results of the limit inquiry.

It may take several moments for ProviderOne to process your inquiry and display the results. Once the inquiry is complete, ProviderOne will display this screen with a value populated in the **Available unit(s)** field:

Client Limit Inquiry

Client Id: *
Date of Service: *
Requested unit(s): *
Procedure Code: *
Primary Diagnosis Code: *
Provider NPI: 5100000004 *
Facility Type: *
Taxonomy: *
Invoice Type: *
Modifiers: *
Tooth#: *

Disclaimer: The available unit(s) does not account for services incurred but not yet billed or reported. The notice does not imply a service authorization or guarantee of payment.
Click this button to see available units

Get Results

Inquire#	Request Date	Client Id	Date Of Service	Procedure Code	Modifier Code	Diagnosis Code	Taxonomy Code	Provider NPI	Invoice Type	Tooth#	Facility Type	Requested unit (s)	Available unit (s)
1200491280001	06/23/2016	999999999WA	06/23/2016	D0150			122300000X	5100000004	D		11	1	1

View Page: 1 Go Page Count SaveToXLS Viewing Page: 1 << First < Prev > Next >> Last

Note: If the **Available unit(s)** box remains empty click on the **Get Results** button again as it may take ProviderOne a few seconds to complete the data base inquiry.

If there are available units, the system will display the number of units available. ProviderOne cannot return any information on services incurred, but not yet billed or reported in the system so this is not a guarantee of payment.

The results of the inquiry are viewed in the **Available unit(s)** box with only 2 messages:

- Available unit(s) is a “1” or more, meaning there are units available for the service; or
- Available unit(s) is a “0”, meaning the service limit has been met for the search criteria.

If a “0” is returned, providers should review their program specific Medicaid Provider Guide to see if some form of authorization is an option to continue this treatment.

Hint for Vision Providers: Use one of the exam codes or fitting fee codes as the search criteria not one of the hardware codes.

Other Reasons ProviderOne may return a “zero”:

- The client is enrolled in a health plan, Managed Care Plan, or is QMB-Only, etc. which means that no units are available through Medicaid fee for service.
- Is the client currently eligible?
- Is the billing provider taxonomy correct for the procedure code and is the taxonomy used listed on this provider’s file in ProviderOne?
- Is the diagnosis code used correct for this procedure (if applicable)?
- Is the modifier used correct for this procedure (if applicable)?

Be sure to verify all data used in the search criteria.